

Owner Table

Site Table

Tank Table

ADEM Notification for Underground Storage Tanks

Alabama Dept. of Environmental Management
Groundwater Branch/Land Division
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STATE USE ONLY

NOTIFI

INSTRUCTIONS

Please type or print all items except "signature" in Section XII. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy, and staple continuation sheets to this form.

Indicate number of continuation sheets attached.

I. OWNERSHIP OF TANK(S)

Owner Name _____
(Corporation, Individual, Public Agency, or Other Entity)
Mailing Address _____
City _____ State _____ Zip _____
Owner Phone _____
Contact _____
Phone # _____ Fax # _____
E-mail _____ (No Field as of yet)

Type of Owner State Govt = S Private = P
 Federal Govt = F Local Govt = L

Operator Name _____
(If same as section I, mark box here)
Mailing Address _____
City _____ State _____ Zip _____
Contact _____
Phone # _____

II. LOCATION OF TANK(S)

Facility I. D. # _____
(Unless New Location)
Facility Name _____
or Company Site Identifier, as applicable
Street _____
County Road, Highway, or State Road, as applicable
County _____
City _____ State _____ Zip _____
(Nearest)
Contact _____
Phone # _____

Exempt
Located within Indian Lands
GPS Lat _____
GPS Long _____
Date Last Inspected _____
Located Well Head Protection Area
Cannot Locate Site
Abandoned
Residence adjacent
Residence within 300 ft

V. TYPE OF NOTIFICATION

If this is a new notification for this location, mark box here If this is an amended or subsequent notification for this location, mark box here

Indicate number of tanks at this location: Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands:

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

Account	County	Site	(Manifolded tanks and Compartmented tanks are considered one tank)				
Tank Identification No. Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	Unique Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	
A. Tank Status							
1. Currently in use <input type="checkbox"/> Retired <input type="checkbox"/> CWA <input type="checkbox"/> Cannot Locate <input type="checkbox"/>							
2. Temporarily closed <input type="checkbox"/> Permanent <input type="checkbox"/> →Date _____ Inert <input type="checkbox"/> →Date _____							
a. Estimated date last used (month/Year) _____	/	/	/	/	/	/	
B. Tank Location (Mark all that apply)							
1. Within 300 feet of a private well							
2. Within 1000 feet of a public water supply well 1 Well? <input type="checkbox"/>							
3. Within a Well Head Protection Area							
C. Tank History							
1. Date installed (month/day/year) _____	/ /	/ /	/ /	/ /	/ /	/ /	
2. Date brought into operation by this owner (month/day/year)	/ /	/ /	/ /	/ /	/ /	/ /	
D. Tank Estimated Total Capacity							
1. Number of compartments if compartmented tank <input type="checkbox"/>							
2. Number of manifolded tanks <input type="checkbox"/>							
3. Tank volume (gallons) (manifolded tank capacity is sum of volume of all tanks manifolded together as one tank) _____							

CONTINUE ON NEXT PAGE

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Cont'd)

Tank Identification No. Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	Tank No. u	Tank No. u	Tank No. u	Tank No. u	Tank No. u
E. Substance Currently Stored (Mark all that apply)					
1. Petroleum					
a. Unleaded gasoline					
b. Mid-grade gasoline					
c. Premium gasoline					
d. Diesel					
e. Kerosene					
f. Aviation fuel (JP-4, etc.)					
g. Used oil					
h. Virgin oil					
i. E-85					
j. B-20 Biodiesel					
k. Other, please specify					
2. Hazardous Substance					
a. Please indicate name of principal CERCLA substance or					
b. Chemical Abstract Service (CAS) No.					
F. Tank Usage (Mark all that apply)					
1. Emergency power generator					
2. Retail					
3. Bulk facility					
4. Industrial					
5. Local government					
6. State/Federal government					
7. Farm					
8. Heating oil (notification not required)					

VIII. CONSTRUCTION AND CORROSION PROTECTION

G. Tank Construction Material (Mark all that apply)					
1. Single wall					
2. Double wall					
3. Steel					
4. Fiberglass reinforced plastic					
5. Fiberglass coated steel					
6. Other, please specify					
H. Steel Tank Corrosion Protection (Mark all that apply)					
1. Coated & cathodic protection (sti-P3)					
2. Field installed cathodic protection					
3. Interior lined (e.g., epoxy resins)					
4. Other, please specify		3yr CP Review	→ 3yr CP test Date		
I. Pipe Construction Material (Mark all that apply)					
1. Single wall					
2. Double wall					
3. Steel					
4. Fiberglass Reinforced Plastic					
5. Flexible					
6. Other, Please Specify					
J. Steel Piping Corrosion Protection (Mark all that apply)					
1. Field Installed Cathodic Protection					
2. Other, Please Specify		3yr CP Review	→ 3yr CP test Date		
K. Tank Spill Prevention Equipment (Mark all that apply)					
1. Catchment Basin		→ Date			
L. Tank Overfill Prevention Equipment (Mark all that apply)					
1. Flow Restrictor At 90% Full (e.g., ball float vent valve)					
2. Automatic Shutoff Device At 95% Full					
3. Audible High Level Alarm At 90% Full					
X. RELEASE DETECTION					
M. Tank Method of Release Detection (Mark all that apply)					
1. Automatic tank gauge					
2. Continuous automatic tank gauge					
3. Tank tightness testing once every 5 years					
4. Interstitial monitoring within secondary containment (e.g., double walled tank)					
5. Vapor monitoring					
6. Groundwater monitoring					
7. Manual tank gauging (only tanks 550 gal. or less)					
8. Statistical inventory reconciliation (SIR)		Year Submitted			
9. Other, Please specify		TT test Review	→ TT test Date		

CONTINUE ON NEXT PAGE

X. RELEASE DETECTION (Cont'd)

N. Pressurized Piping Method of Release Detection (At least one item from BOTH Group I and Group II must be marked)

1. Group I (Mark one of the following)					
a. Automatic Flow Restrictor (MLLD)	<input type="checkbox"/>	→Date	<input type="checkbox"/>		
b. Automatic Shutoff Device (AELLD)	<input type="checkbox"/>				
c. Automatic Shutoff Device (Sump Sensor)	<input type="checkbox"/>	Sump insp date	<input type="checkbox"/>	Sump Sensor Test Date	<input type="checkbox"/>
d. Other, Please Specify	<input type="checkbox"/>	Continuous Alarm System	<input type="checkbox"/>		
2. Group II (Mark one of the following)					
a. Annual line testing	<input type="checkbox"/>	LT reviewed	<input type="checkbox"/>	→Date	<input type="checkbox"/>
b. Automatic electronic line leak detector (AELLD)	<input type="checkbox"/>				
c. Vapor monitoring	<input type="checkbox"/>				
d. Groundwater monitoring	<input type="checkbox"/>				
e. Statistical inventory reconciliation (SIR)	<input type="checkbox"/>				
f. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)	<input type="checkbox"/>				
g. Other, Please Specify	<input type="checkbox"/>				

O. Suction Piping Method of Release Detection (Mark one of the following)

1. Line tightness testing every 3 years	<input type="checkbox"/>	→Date	<input type="checkbox"/>		
2. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)	<input type="checkbox"/>				
3. Vapor monitoring	<input type="checkbox"/>				
4. Groundwater monitoring	<input type="checkbox"/>				
5. Only one visible check valve immediately beneath pump and piping slopes towards tank	<input type="checkbox"/>				
6. Statistical inventory reconciliation (SIR)	<input type="checkbox"/>				
7. Other, Please Specify	<input type="checkbox"/>				

P. Gravity Piping (No leak Detection Required)

XI. CERTIFICATION OF COMPLIANCE (For Tanks Installed On and After 7/16/12)

Q. UST systems must be installed by an individual certified in accordance with ADEM Administrative Code Rule 335-6-15-.47.

Subparagraph (e) of this rule requires these individuals to:

1. Exercise supervisory control during installation,
2. Be present at the job site during critical junctures.

R. I have financial responsibility in accordance with Rule 335-6-15.43 and .44. (Mark all that apply)

1. MOTOR FUEL TANKS ONLY Compliance with eligibility requirements of the Alabama Tank Trust Fund AND ONE OF THE FOLLOWING:	
a. Net worth of \$25,000 OR	<input type="checkbox"/>
b. Insurance, surety bond or guarantee for \$5,000 per incident.	<input type="checkbox"/>
2. NON-MOTOR FUEL TANKS ONLY	
a. Private Insurance	<input type="checkbox"/>
Insurer and Policy Number:	
b. Guarantee or Surety Bond	<input type="checkbox"/>
c. Self-Insurance	<input type="checkbox"/>

S. OATH: I certify that the information concerning installation provided in Items G through P are true to the best of my belief and knowledge.

Certified Installer Name:	Certification Expiration Date:
Installer Signature:	Signature Date:
Company Name:	Phone Number:
Address:	

XII. CERTIFICATION (Read and sign after completing Sections I. Through XII.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name & official title of <u>operator</u> or authorized representative	Date Signed
Signature	
Name & official title of <u>owner</u> or authorized representative	Date Signed
Signature	